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	NAME OF THE PARTY	L			(D		
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			ર	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/692,675	10/27/2003	Brian Freeborn				K8000250US	2054
TITLE OF INVENTION: A		1	06/29/2005 MB	ZUNE2 00000073 501613	10692675		
			01 FC:2501 02 FC:1504	700.00 DA 300.00 DA			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBL	ICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700			\$300	\$1000	08/23/2005
EXAMINER ART U			IIT CLASS-SUBCLASS]		
TRETTEL, MICHAEL 367			005-611000				
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CFR 1.363).	(1) the names of up to 3 registered patent attorneys 1						
Change of correspond Address form PTO/SB/12	(2) the name of a single firm (having as a member a 2						
"Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required.	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
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M.C. Healthcare Products Inc. 4658 Ontario Street							
Beamsville, ON LOR 1B4 Canada							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): □ A check in the amount of the fee(s) is enclosed.							
Publication Fee (No s	Payment by credit card. Form PTO-2038 is attached.						
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Authorized Signature V. Lattrill			Date June 27, 2005				
Typed or printed name Valentine A. Cottrill Registration No. 50,187							

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